

GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION

**Maryland Victims of Crime (MVOC) Fund
Fiscal Year 2012**

NEW APPLICANTS ONLY

Notice of Funding Available (NOFA)



Online Submission Deadline: November 16, 2010, 5:00 PM
Hardcopy Submission Deadline: November 18, 2010, 3:00 PM

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016
(410) 821-2828
Info@goccp-state-md.org

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Kristen Mahoney, GOCCP Executive Director

ELIGIBILITY

State Government Agencies
Local Government Agencies

Private Non-Profit Agencies
Direct Victim Service Providers

IMPORTANT NOTE

Applicants are required to apply for grant funding through the GOCCP online application process located on the GOCCP website <http://www.goccp.maryland.gov>. From the GOCCP homepage, look for the section entitled "Notifications of Funding Availability" and click on the Maryland Victims of Crime Fund heading. From there, you will be able to access instructions regarding the GOCCP grant application process. See Section V for details.

The online application process must be completed by 5:00 PM on November 16, 2010. An original hardcopy (generated by the online application software) and three (3) copies must be received by GOCCP no later than 3:00 PM on November 18, 2010.

GETTING STARTED

Thank you for applying for the **Maryland Victims of Crime (MVOC)** grant from the **Governor's Office of Crime Control & Prevention (GOCCP)**. The primary purpose of the MVOC Fund is to ensure implementation of the Declaration of Crime Victims' Rights Amendment to the Maryland Constitution and the Guidelines for Treatment of and Assistance to Crime Victims and Witnesses and other laws adopted to benefit victims and witnesses of crime. MVOC funds also enhance services to crime victims that aid and promote the distribution of mandated brochures according to Maryland law.

I hope our office becomes a more valuable resource for your organization as we strive to deliver our services in a customer friendly fashion. If you need application assistance, please contact:

Anne Litecky, State Victim Services Coordinator
410-821-2840
AnneMarie@goccp-state-md.org.

GOCCP's success is measured by our sub-recipient's success. It is critical that we hear from you, our customers. To share your ideas of how GOCCP can serve you better, email us at info@goccp-state-md.org.

We look forward to working with you.

Sincerely,



Kristen Mahoney
Executive Director
Governor's Office of Crime Control & Prevention

Governor's Office of Crime Control & Prevention Mission:

GOCCP exists to educate, connect, and empower Maryland citizens and public safety entities through innovative funding and results-oriented customer service that seeks, supports and promotes best practices for the safety of Maryland's communities.

I. OVERVIEW

The Maryland Victims of Crime (MVOC) Fund, administered by the State Board of Victim Services (State Board) under the authority of the Governor's Office of Crime Control & Prevention (GOCCP), announces the availability of **\$300,000** in grant funding. (**Maximum \$35,000 per applicant**).

The MVOC Fund was created by the Maryland General Assembly during the 1991 Legislative Session. The legislation created a source of revenue for programs across Maryland serving victims of crime. The primary purpose of the Fund is to ensure implementation of the Declaration of Crime Victims' Rights Amendment to the Maryland Constitution and the Guidelines for Treatment of and Assistance to Crime Victims and Witnesses and other laws adopted to benefit victims and witnesses of crime.

The MVOC Fund provides advocacy and support services to victims of crime for the purpose of developing and enhancing existing programs that serve victims of crime in Maryland. The State Board will also accept applications that provide new services or additional assistance for crime victims and witnesses, or for services that directly support a specific population of crime victims.

NOTICE! Change in MVOC FY2012 guidelines!

On September 1, 2010, the State Board voted in favor of discontinuing the policy of decreased staggered MVOC funding during project years two and three and replacing each year with level funding. As in years past, **continuation funding will remain a viable option for most applicants** based each year on available MVOC funds. The difference is now the second and third years of an approved MVOC application will be eligible for the same dollar amount of funding for each of the three project years. While this may be good news for those who actually receive awards, it also means that available funds for awards will go to fewer recipients. (For more information see *CONTINUATION OF FUNDING* on page 7.)

II. ORGANIZATION NUMBER DEADLINE

DUE DATE: November 9, 2010 by 3 p.m.

Applicants are required to apply for grant funding through the GOCCP online application process at www.goccp.maryland.gov. You must obtain an organization number before you begin the online application process. Instructions can be found at <http://www.goccp.maryland.gov/grants/organization-number.php>.

III. APPLICATION DEADLINE

ONLINE SUBMISSION DEADLINE: November 16, 2010 by 5:00 PM

HARDCOPY SUBMISSION DEADLINE: November 18, 2010 by 3:00 PM

- In order to file an application electronically, you must first obtain an Organization ID # by sending a request to changes@goccp-state-md.org. Please include your organization name and contact information in the e-mail. Download the electronic grant application software by going to www.goccp.maryland.gov.
- **Hard Copy Packet:** The packet should include a print out of your MVOC electronic application submission with original signature in [blue ink](#) and a separate copy of the narrative in an easy to read format (12 pt. font). Please include **one (1) original and three (3) copies** of the application packet.

Mail the required hard copies to Anne Litecky at GOCCP (address found on the bottom of page 10). DO NOT e-mail your grant application to GOCCP. Grant applications or unsolicited

amendments to applications arriving after the closing date and time will not be considered. Additionally, proposals submitted by fax will not be accepted.

Minimum technical requirements for electronic submission:

1. Operating system must be Windows 95 or later
2. Internet connection
3. If you use a dial-up modem, a minimum connection speed of 28k band is required.

Reminder: Electronic filing for this grant opportunity is mandatory.

Application Processing: The "Face Sheet" and the "Title" page of the grant application must be the top two sheets of the application package. *The "Face Sheet" is the page that contains the type of grant for which the applicant is applying, the name of the applicant, authorized official, project title, project director, fiscal officer, and funding summary.*

NO BINDERS OR FOLDERS.

IV. ELIGIBLE RECIPIENTS

State Government Agencies
Local Government Agencies
Private Non-Profit Agencies
Direct Victim Service Providers

V. APPLICATION SUBMISSION PROCESS

All applications must be submitted online via GOCCP's electronic application software. Go to www.goccp.maryland.gov and select the Maryland Victims of Crime heading under the "NOFA" section of the home page or choose the "Grantee's Area" link. Please indicate that you are applying for the Maryland Victims of Crime program by selecting the MVOC button.

The grant application software contains a built-in help file. Additionally, there are detailed instructions for installing and using the online application software [from the MVOC NOFA page select View/Print Technical Instructions (application)]. If you require technical assistance with downloading, installing, or for assistance with application requirements, contact Anne Litecky at 410-821-2840 or via e-mail at AnneMarie@goccp-state-md.org.

VI. GRANT AWARD PERIOD

Begins July 1, 2011 and ends June 30, 2012.

VII. PRIORITIES

The following priorities have been identified by the Maryland State Board of Victim Services, but do not preclude application for other initiatives:

- Direct Services for Victims of Crime;
- Victim Advocates in Law Enforcement;
- Victim Advocates in State's Attorney's Offices; and
- Enhanced services to crime victims that aid and promote the distribution of mandated brochures and educate them on their rights according to Maryland law.

VIII. PROGRAM PURPOSE AREAS

It is highly recommended that grants supported by Maryland Victims of Crime Fund support at least one of the following purpose areas:

- Coordinating services for crime victims from first response through the criminal justice system and beyond which include those individuals in law enforcement, prosecutors' offices,

courts, victim service agencies, other state agencies and non-governmental organizations serving crime victims;

- Developing, enlarging, or strengthening all victim service programs including private non-profit organizations, police victim/witness sections, and District/Circuit Court victim/witness units;
- Developing or improving the delivery of crime victim services to underserved populations;
- Providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted;
- Developing, expanding, or strengthening crime victim programs addressing Non-English speaking citizens;
- Providing state, regional, federal, and national training for crime victim service providers is encouraged as a sole project for an application or as an addition to a project. Topics may include, but are not limited to: communicating and networking with victim/witness service providers, cross training, interaction/communication with crime victims (i.e., first response, status of case, progress of case), judicial accountability, diversity/language barriers, understanding sexual violence, the dynamics of domestic violence, referring victims for follow-up services, promotion of Jane Doe reporting, and cultural sensitivity;
- Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault; and
- Implementing community-driven initiatives to address the needs of crime victims who are included in the underserved populations: people with disabilities, elder victims of crime, and children of physical and sexual abuse.

IX. MVOC WILL NOT ACCEPT PROPOSALS THAT INCLUDE:

- Programs whose primary focus is Preventative Services for Crime Victims.
- Mediation or counseling for couples as a systemic response to domestic violence or sexual assault.
- Requiring victims to report sexual crimes to law enforcement or forcing victims to participate in criminal proceedings.
- Batterer intervention programs that do not use the coercive power of the criminal justice system to hold batterers accountable for their behavior.
- Vehicles.

X. MATCH REQUIREMENTS

MVOC applications **do not require matching funds**. Please do not include match in the budget.

XI. BUDGET INFORMATION

Allowable

- Requests for all travel expenses, including application fees, should be entered in Category C: Travel, on page 18 of the application.
- Membership in national and state victim-related organizations, technical assistance resources, publishing victim-related periodicals, conference announcements, flyers, agendas, and subscriptions should be entered in Category F: Other on page 21 of the application.

Unallowable

- GOCCP has identified the following unallowable costs for Operating Expenses (Category B): stationary, printing, rent, postage, photocopying, indirect costs, phone and fax related expenses and administrative overhead.

XII. SIGNATURE PAGES

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative and included with the application hardcopies. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.**

In order for an alternate signatory to be valid, GOCCP must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

XIII. MULTIPLE PROPOSALS

An agency or organization may submit up to two (2) applications; however, only one project will be funded from any one applicant.

XIV. GRANT APPLICATION AND SCORING PROCESS

The grant application will initially be screened for compliance with guidelines outlined in this document. The Grant Review Committee for the Maryland State Board of Victim Services and GOCCP staff will review all applications that meet the criteria described in this NOFA. Upon initial approval by the grants review committee and GOCCP, the Committee will forward funding recommendations to the full State Board for final approval. Recommendations may include that certain proposals be funded in part and/or that the applicant should seek other available funding sources for the proposed project. The following seven categories correspond to the sections of the grant application. Evaluation of each category will be scored as follows:

- (1) Statement of the Problem.....Possible (20) Points
- (2) Description of Goals and ObjectivesPossible (20) Points
- (3) Methods for Reaching ObjectivesPossible (20) Points
- (4) Organizational Management Capabilities.....Possible (5) Points
- (5) *Letters of Support/Memorandum of Understanding (MOU)...Possible (10) Points
- (6) Budget Summary and Budget NarrativePossible (10) Points
- (7) Outcomes and Evaluations.....Possible (10) Points
- (8) Project Sustainability.....Possible (5) Points

* (5) See Letters of Support and Memorandum of Understanding (MOU) for more information.
(Page 9, Section XXII E)

XV. GRANT AWARD TERMS AND CONDITIONS

- GOCCP will provide a grant award to those applicants selected as recipients. The recipient shall be responsible for all services as spelled out in the grant award. The provider receiving a grant from the MVOC Fund will require periodic accounting.
- Acceptance of a grant shall constitute consent for inspection by GOCCP staff, or an authorized representative of GOCCP, of records pertaining to the grant award.
- Each provider receiving a grant shall keep records of activities funded by and expenditures of grant monies in order to provide verification of the purpose for which monies were expended. The grant recipient shall maintain records, documents, receipts, and other evidence of all expenditures and incomes. Fiscal records shall be maintained according to generally accepted accounting standards.

- GOCCP shall monitor the expenditure of grant funds by recipients in order to verify the appropriateness of expenditures and incomes. Fiscal records shall be maintained according to generally accepted accounting standards.
- Disbursements of grant funds may be stopped if a program is not providing necessary services as described in the approved grant application.
- GOCCP will not be responsible for the costs incurred by an applicant in preparing and submitting an application in response to this Notice of Funding Availability.
- Recipients are subject to the requirements of the State Code of Fair Practices.
- An agency or organization accepting a MVOC award is required to comply with Maryland state victims' rights laws. A detailed list of victims' rights laws may be obtained by emailing the Victims Rights Compliance Coordinator at Shirley@goccp-state-md.org. Noncompliance with a crime victims' rights law may result in a deobligation of funding.

XVI. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS

GOCCP distributes funds to recipients on a quarterly reimbursement of expenditures basis in conjunction with the timely submission of corresponding quarterly fiscal and programmatic reports. Reports must be submitted via both signed hardcopy and the GOCCP online reporting software. All programmatic reports are due within 15 days and financial reports are due within 30 days of each quarter end date.

Electronic Funds Transfer (EFT) – GOCCP encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to submit the form, and a general overview, including FAQs, refer to the following website:

http://compnet.comp.state.md.us/General_Accounting_Division/Vendors/Electronic_Funds_Transfer/

XVII. CONTINUATION OF FUNDING - CHANGE IN MVOC FY2012 GUIDELINES!

As of this MVOC FY 2012 posting, applicants awarded for continuation funding will be eligible to receive level funding in grant years two and three. In other words, if you are awarded \$35,000 in year one, you will be **eligible** to receive \$35,000 in year two and \$35,000 in year three. Continuation funding is not guaranteed; re-funding is contingent upon the availability of funds, compliance with grant conditions and successful progress toward stated objectives. **Each spring**, existing MVOC grantees are notified to submit a continuation grant application online and to mail a hard copy to GOCCP. Continuation grant applications are **NOT** accepted with new MVOC grant application proposals.

XVIII. COMPLIANCE WITH LAW

By submitting a grant application in response to this Notice of Funding Availability, the applicant, if selected for a grant, agrees to comply with all federal, State, and local laws applicable to its activities and obligations under the grant agreement. Furthermore, by submitting an application, the applicant shall be deemed to represent that it is not in arrears in the payment of any obligation due and owing the State of Maryland or any department of unit thereof, including, but not limited to the payment of taxes and employee benefits, and if selected for funding, that it shall not become in arrears during the term of the grant awards.

XIX. CHANGES FROM PRIOR PRACTICE

For those who may have been familiar with this grant program in the past, please take note of the following:

1. GOCCP now has field audit capacity, which may result in a field audit with or without notice;
2. Fiscal Reporting deadlines are strictly required to be:
 - a) on a quarterly basis, and
 - b) on time;
3. Untimely reporting may jeopardize future funding.

The filing of a grant application institutes agreement with these priorities.

XX. ASSURANCE OF CONFIDENTIALITY

The local program may not disclose any identifying information regarding an applicant or recipient of service to any agency or individual, other than GOCCP, without written authorization from the applicant or recipient except as required by State law, or if requested by GOCCP staff that are authorized to monitor or audit the program.

XXI. WHAT AN APPLICATION MUST INCLUDE:

A. Project Title

The project title should be brief, precise, and reflect what is being funded. For example, "Victim Impact Project (VIP)" or "Domestic Violence Legal Advocacy."

B. Summary

The Project Summary provides a concise summary of your proposal in 100 words or less. GOCCP would like to make writing the project summary as simple and consistent as possible. Use the following template for your project summary:

The _____¹ (Implementing Agency) _____¹ (Title) _____¹ program provides support services to agencies throughout Maryland.² The program _____.³ Program funds provide training materials, experts, and/or travel.⁴

Make the following additions/changes to the above template:

1. The beginning of the first sentence contains the Agency's Name and the Grant's Project Title.
2. The end of the first sentence describes the key service provided by the proposed grant.
3. 1-2 sentences describing the program's main function and who the program benefits/serves.
4. The last sentence summarizes the budget items funded by the grant.

Examples of summaries for currently funded MVOC grants are listed on GOCCP's website. Go to <http://www.goccp.maryland.gov/grantDatabases/victims-database.php>. Leave the county field blank, and select 'Maryland Victim's of Crime' for the program. Click on the display records button to view all currently funded MVOC programs. If applicable, please do not hesitate to cut, paste, and/or modify information from existing summaries into your summary.

C. Project Narrative

Provide a description of the project, addressing the areas outlined below. Use a maximum of twelve (12 pt.) font and letter size (8 1/2 x 11) pages. Please number the pages and attach them to this application. (Save your narrative section document in Microsoft Word or WordPerfect. You will be asked to submit this narrative later in an easy to read format with your electronically submitted application.)

1. Statement of the Problem

Include a description of the nature and extent of the problem to be addressed, target population, and geographical area served. Provide the latest statistical data to document the problem. What efforts have been made to address this problem in the past, if any? What will be accomplished by this project?

2. Description of Goals and Objectives of the Project

a. Description of Project

What are the project goals? How, specifically, will these goals be achieved in an effort to alleviate the problem?

b. Objectives of the Project

What are the quantifiable objectives that are expected to be accomplished by the operation of the project in the coming year? How will the operation of the project fulfill one of the focus areas listed in the Notice of Funding Availability (NOFA)?

3. Methods of Reaching Objectives

a. Methods

How will the objectives be achieved? Will program activity achieve desired objectives? This should include a description of the various steps or activities in achieving the objectives, how the work will be organized and the manner in which responsibility will be assigned. Please include research or experience which demonstrates the impact of program activities on outcomes.

b. Projected Work Plan Schedule

What are the key steps (major activities, decisions, reports and other primary events), in chronological order, planned for the upcoming year of the project? Indicate the month each step is expected to be completed.

4. Organization/Management Capabilities

a. Qualifications and Experience of Implementing Agencies

Provide a brief description of the agency's experience and achievements that qualify the agency to conduct the project.

b. Present and Proposed Staff

List the names and provide a short biographical sketch of the project director, key consultants, financial officer and other professional staff members.

c. Staff Organization Structure

Describe the present or proposed organization of the project staff including a project organizational chart, if applicable.

5. Letters of Support and Memorandum of Understanding (MOU)

a. The narrative should include a list of all agencies that will participate in the implementation of the project or whose cooperation and support is necessary to its success. Indicate their role in the project and furnish letters of support signed by authorized officials from each participating agency. In other words, if you state in your application that the project or organization has the support of other local or state agencies, then it is required that you include a Letter of Support from those specific agencies. Generic letters of support will NOT be accepted." Generic letters of support are defined as letters that are formatted exactly the same; moreover it is obvious that the letters were not written by an individual from the representing organization. **Letters of support must be attached at the time of submission; all others will not be considered.**

b. If you are submitting a **collaborative** grant application, you must submit a **Memorandum of Understanding (MOU)** between agencies. Other letters of support from the community are strongly encouraged, especially where particular areas of neighborhoods are targeted. **MOUs must be attached at the time of submission; all others will not be considered.**

XXII. PROJECT EFFECTIVENESS

A. Performance Measures

Please attach additional pages, which include the Performance Measures information requested below. This section should reference similar projects, which have proven successful or effective. GOCCP requires that each recipient complete certain performance measures and evaluation activities to enable monitoring and assessment of the project's effectiveness.

For each project objective, define one or more specific performance indicators (measures/criteria) to be used to measure success in accomplishing that objective. Each performance indicator (measure) should help to verify an accomplishment. Outputs should correspond with job descriptions and description of program activity in project narrative.

(If applicable, feel free to use these examples in addition to your performance measures entered below)

OUTCOMES/OBJECTIVES	PERFORMANCE MEASURES	HOW MEASURED/OUTPUTS
Increase crime victims served. (Specify jurisdiction, State and/or agency.)	Total number of victims served: phone, written correspondence, e-mail and other.	Chart total number of victims served.
Increase victim awareness of victim rights laws.	How many crime victims were informed of their rights by Maryland law?	Chart all crime victims informed of their rights based on Maryland crime victim rights laws.
Assist crime victims with obtaining restitution.	How many crime victims were assisted with restitution?	Chart all victims provided restitution information and services.
Increase number of crime victims served through pro bono legal assistance.	How many crime victims were referred to a pro bono attorney for representation or legal advice?	Chart all crime victims who are referred to a pro bono legal service/attorney for advice or representation.
Expand services to underserved populations.	Number of attendees at workshops for advocates/outreach/events working with specific underserved populations?	Sign-In Sheet at all events to chart attendance. If possible, chart underserved crime victims assisted by advocates in the field, via phone, correspondence and through other creative avenues.
Increase the number of attendees at trainings.	How many advocates, law enforcement officers, etc. attended trainings in this quarter?	Sign-In Sheet at all trainings to chart attendance.

B. Evaluation Design

An evaluation design should be included to provide a "BEFORE vs. AFTER" comparison of baseline data provided in the Statement of the Problem. Ideally this would allow statistical comparison of the problem prior to the implementation of the project with the same data at some appropriate time after project commencement.

C. Resources for Evaluation

Indicate the resources that the project will have available for evaluating the success of the project, (e.g., internal staff member, personnel in the implementing agency or cooperating agency, consultants hired through project budget, etc.).

D. Person Responsible for Evaluation

The name, title, address and telephone number of the person who will be responsible for evaluating the project must be provided or the basis upon which an evaluation will be performed must be explained.

E. Existing Research

If there is any existing research (journal articles, evaluations, etc.) concerning the kind of project you are proposing, please summarize who conducted the research and what the results were.

XXIII. PROJECT SUSTAINABILITY

What prospects exist for continued financing of the project when grant funds are terminated? What efforts have been or will be made to continue the ideas, methods, techniques and operational aspects of the project when the grant funds are no longer available? Ultimately ended? Indicate planned future source/s of funding.

XXIV. NAME AND TITLE OF PERSON COMPLETING PROJECT NARRATIVE SECTION

Name: _____

Telephone: _____

Position: _____ Fax: _____

Organization: _____ E-mail: _____

XXV. IMPORTANT DATES

Dates	Actions	Comments, Locations and Responsibility
October 28, 2010	NOFA posted on website	www.goccp.maryland.gov
November 9, 2010	Deadline to request an Organization Number	changes@goccp-state-md.org
November 16, 2010 5:00 PM	Electronic version of application due at GOCCP	Electronic submission must be received by GOCCP no later than 5:00 PM
November 18, 2010 3:00 PM	Paper copies of application due at GOCCP	Original and three copies must be received by GOCCP no later than 3:00 PM
December 15, 2010	Grant Review Committee Meeting	GOCCP Staff & MSBVS
January 2011	Letter of intent, denial letters, award letters mailed to applicants	GOCCP Staff

Questions and Application Mailing

Anne Litecky
State Victim Services Coordinator
Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105, Baltimore, MD 21286-3016
PHONE (410) 821-2840 § TOLL FREE 1 (877) 687-9004 § FAX 1 (410) 339-3467
AnneMarie@goccp-state-md.org

XXVI. APPLICATION WORKSHEET

GOVERNOR'S OFFICE OF CRIME CONTROL & PREVENTION

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016

Telephone: (410) 821-2840
E-mail: AnneMarie@goccp-state-md.org

This document can be downloaded from our website www.goccp.maryland.gov.

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Kristen Mahoney, Director
Governor's Office of Crime Control & Prevention

Notice to All Applicants:

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's (GOCCP) function under executive order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. Within specified time periods, you have the right to inspect, amend, and correct this information. GOCCP may permit inspection of this information, or make it available to others, only as permitted by federal and State law. GOCCP may sell or provide a list of grant applicant names and addresses to professional associations and other entities. Under the Maryland Public Information Act (Md State Government Code Ann. 10-617 (h)(5)), you may request in writing that your name be omitted from such lists. Please send those requests to GOCCP, 300 E. Joppa Rd. Suite 1105, Baltimore MD 21286.

A. Face Sheet Instructions

1. **DATE APPLICATION SUBMITTED**
Date that all required hard copies and electronic submission are submitted to GOCCP.
2. **REQUESTED FUNDING PERIOD**
Please select "First Year" in your electronic application.
3. **PROPOSED PROJECT DATES**
The funding period will begin on July 1, 2011 and end on June 30, 2012.
4. **NAME OF APPLICANT**
The unit of local government (county, city, town, township) or State agency eligible to apply for the grant (See Program Specific Instructions for Eligible Applicants). Please indicate Applicant's federal identification number on line provided. The applicant's organization ID # is required to apply on line.
5. **ORGANIZATION TYPE**
Indicate the appropriate designation. (This will be filled in automatically in your online application.)
6. **FEDERAL ID#** This number **MUST** be included. (This will be filled in automatically in your online application.)
7. **AUTHORIZED OFFICIAL**
The name of the chief elected official, or other legally authorized official, of the jurisdiction, county agency or organization who accepts the grant award if approved.
8. **PROJECT TITLE**
Assign a brief descriptive project title (not to exceed one line).
9. **IMPLEMENTING AGENCY/ORGANIZATION**
The name of the agency/organization that will have responsibility for the actual operation of the project.
10. **DISTRICT AND COUNTY**
The congressional and legislative districts and the county in which the service is actually delivered.
11. **PROJECT DIRECTOR**
The name, telephone number, title, address and e-mail address of the person who will be responsible for oversight and administration of the project on behalf of the applicant.
12. **FISCAL OFFICER**
The name, telephone number, title, address and e-mail address of the person who will be responsible for financial reporting and record keeping for the project.
13. **FUNDING SUMMARY**
This represents the totals taken from the Budget Detail Categories; The splitting of costs to indicate the proper ratio between federal or state funds and local cash/in kind match if applicable.
14. **SERVICE SITE**
Provide the name, address, congressional and legislative district and county for the location your project will actually take place. If the program will take place at more than one location, please enter complete information for each site (up to five). If the application is for a program that has statewide or countywide impact, please enter "statewide," or "countywide" under the service site column.

B. Face Sheet:

Application for Maryland Victims of Crime (MVOC) Fund

1. **Date Application Submitted:** _____
2. **Requested Funding Period:** Application is for **1st** ☐ **2nd** ☐ **3rd** ☐ year of funding.
3. **Proposed Project Dates:** Start Date: _____ End Date: _____
4. **Name of Applicant:** _____
Address: _____
5. **Organization Type:** State Government ____ Local Government ____ Private Not-Profit ____
6. ***Federal ID # (EIN#)** _____
7. **Authorized Official:** _____ Title: _____
8. **Project Title:** _____
9. **Implementing Agency/Organization:** _____
10. **District/County:** Congressional District _____ State Legislative District _____ County _____
11. **Project Director:** _____ Title: _____
Organization: _____
Address: _____

Phone: _____ Fax: _____ E-Mail: _____
12. **Fiscal Officer:** _____ Title: _____
Organization: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
13. **Funding Summary:**

State Funds \$ _____
Total Project Funds \$ _____

14. Service Site:

Provide the name, address, congressional and legislative district and county **for the location(s) your project will actually take place.** If the program will take place at more than one location, please enter complete information for each site (up to five). If the application is for a program that has statewide or countywide impact, please enter "statewide," or "countywide" under the service site column.

Example:

Location One

Congressional District: **1st**
Legislative District: **8A**
Location: **Brook Street Elementary School**
Address: **123 Main Street**
Some City, MD, 21000

Location Two

Congressional District: **2nd**
Legislative District: **8A**
Location: **Creek Elementary School**
Address: **795 Main Street**
Same City, MD, 21030

C. Project Summary/Narrative**1. Summary**

The Project Summary provides a concise summary of your proposal in 100 words or less. GOCCP would like to make writing the project summary as simple and consistent as possible. Use the template provided on page 8 of this Notice of Funding Availability (NOFA) for your project summary.

2. Narrative

The Narrative should not exceed 12 typewritten pages. The contents for the narrative are explained on pages 8-9 of this NOFA.

D. Budget

1. Budget Summary

SUMMARY (TAB A)

Complete the below table by entering the totals from budget categories B-G. Enter the totals from all expenditure categories in the application spaces. **There is no match requirement for this program.** Enter the totals from all expenditure categories in the application spaces. The grand total must correspond to the total projected costs. Round all amounts to the nearest whole dollar.

BUDGET SUMMARY

Expenditure Category	State Fund Request	TOTAL
A. Personnel		
B. Operating Expenses		
C. Travel		
D. Contractual Services		
E. Equipment		
F. Other		
GRAND TOTAL:		

2. Budget Details

This section of the grant application includes a table for each major budget expenditure. Each table is on a separate page. Please itemize and explain the following categories of project expenditures: Personnel, Equipment, Operating Expenses, Travel, Contractual Services and Other.

PERSONNEL (Tab B)

This includes salaries, social security and fringe benefits for personnel required to implement the project including full or part-time contractual staff (excluding consultants, which should be listed in Tab E). Time and attendance records must be maintained for all personnel included in the grant project. If you are paying the person directly, they should be in the Personnel category. For each salary notated, list fringe benefits separately. Note: Fringe benefits cannot exceed 30% of salary costs. When calculating, round figures down (e.g., Officer-Salary \$15000.00, Officer-Benefits \$3750.00). Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

PERSONNEL (TAB B)

Description of Position	Funding Source	Annual Salary or Daily Rate	Percent of Time or Number of Days	TOTAL
Position #1	Grant Funds			
Fringe Position #1	Grant Funds			
Position #2	Grant Funds			
Fringe Position #2	Grant Funds			
Sub-Total:				
*Social Security and Fringe Benefits (%)				
GRAND TOTAL:				

*Grant dollars will only fund up to 30% of Social Security and fringe benefits per person.

Justification/Explanation for PERSONNEL:

OPERATING EXPENSES (TAB C)

Office supplies, Rental Space, Printing and Communications. Communication expenses include items such as telephone, fax, postage and other expenditures such as photocopying. Under justification you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

OPERATING EXPENSES (TAB C)

Operating Expense	Cost/Unit	Quantity	TOTAL
Office Supplies			
Stationery			NOT ALLOWABLE
Telephone			NOT ALLOWABLE
Printing			NOT ALLOWABLE
Rental Space (including rate/sq. ft.)			NOT ALLOWABLE
Postage			NOT ALLOWABLE
Fax			NOT ALLOWABLE
Photocopying			NOT ALLOWABLE
Miscellaneous			
GRAND TOTAL:			

Justification/Explanation for OPERATING EXPENSES:

TRAVEL (TAB D)

Travel expenses may include mileage and/or other transportation costs, meals and lodging consistent with the local jurisdiction's travel regulations and cannot exceed the State of Maryland reimbursement rate specified below. Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

TRAVEL (TAB D)

Type of Travel Expense (Indicate appropriate rate/rates)	Funding Source	Cost/Travel	Quantity	TOTAL
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

* .50 cents/mile as of 1/1/2010.

* Maximum Per Diem/Meal Allowance is \$42/day:

\$8 Breakfast

\$10 Lunch

\$24 Dinner

Justification/Explanation for TRAVEL:

CONTRACTUAL SERVICES (TAB E)

Consultant contracts for training or evaluation should be included here and shall be consistent with federal guidelines. Construction projects are ineligible for funding under grant programs and expenses for construction may not be included. If you are paying an outside agency for an employee, they are Contractual. For the line item description, enter the agency (Consulting firm, temporary agency, etc.), a dash and then the nature of the service to be provided (e.g., Consultants ABC – training for Seminar). Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

CONTRACTUAL (TAB E)

Description of Contractual Services	Funding Source	Rate	QUANTITY	TOTAL
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

Justification/Explanation for CONTRACTUAL:

EQUIPMENT – Purchase, Lease or Rental (TAB F)

Equipment (Purchase, Lease or Rental) Costs may include taxes, delivery, installation and similarly related charges. The value of trade-ins and discounts should be shown as a deduction. In addition to maintaining internal inventory records for equipment acquired under this funding source, if awarded equipment funds, a completed Property Inventory Form must be submitted during the grant award period. Expenditures must be consistent with applicable local jurisdictions' procurement guidelines. If this does not apply, refer to the State of Maryland guidelines for equipment. Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

EQUIPMENT (TAB F)

Equipment Item	Funding Source	Cost/Unit	Quantity	TOTAL
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

Justification/Explanation for EQUIPMENT:

OTHER (TAB G)

Include all other anticipated expenditures which are not included in the previous categories such as indirect costs, if allowable, and program expenses. Under justification you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount the budget summary amount should equal the total for this tab..

OTHER (TAB G)

Type of Expense	Funding Source	Cost	TOTAL
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
GRAND TOTAL:			

Justification/Explanation for OTHER:

E. Audit Requirements

(You may obtain this information from your organization's Fiscal Department)

Indicate the following dates:

1. Last audit took place _____
2. Period of time covered by last audit was from _____ to _____
3. Next audit is scheduled for _____
4. Period of time to be covered by the next audit is from _____ to _____
5. Next audit will be forwarded to cognizant Audit agency on _____
6. Indicate the designated federal cognizant agency _____

NOTE: You have a **federal cognizant agency** if your organization spends more than \$50 million a year in direct federal funding. Otherwise, whoever gives your organization the greatest federal funding, whether it is a federal agency or not, is your **oversight agency for audit**. If neither applies to your organization, enter "NONE".

You must submit with this application, copies of audit findings and management letters (if any) from the most recent audit, together with a copy of the corrective plan of action. Alternatively, you must certify in a letter signed by the agency head and CFO, that there were no findings or management letter.

F. Civil Rights Requirements

1. Civil Rights contact person
2. Title/Address
3. Telephone number
4. Number of people employed by the organization unit responsible for implementation of this grant

G. Certified Assurances

THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.
2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.
3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.
4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.
5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require administering the program.
6. Recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and the Department of Justice (DOJ's) Equal Treatment Regulations (28 C.F.R. pt. 38).
7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.
8. Recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of \$500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEOP) to the federal Office of Civil Rights (OCR). The recipients are not required to submit a copy to the Governor's Office of Crime Control & Prevention (GOCCP), but must have a copy available on site for monitoring purposes. Those recipients that are subject to the OCR's EEOP Certification Form may access this form at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.
9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's Financial Guide for Grants.
10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreement.
11. Recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: <http://www.archives.gov/eeo/laws/title-vi.html>

CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.

Signature of Authorized Official

Date

Typed Name and Title

H. Certification Regarding Lobbying



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery,

bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:
2. Application Number and/or Project Name
3. Grantee IRS/Vendor Number
4. Typed Name and Title of Authorized Representative
5. Signature
6. Date

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